



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

Canc frp: Jul 2002
IN REPLY REFER TO
BUMEDNOTE 6410
BUMED-23
23 Jul 2001

BUMED NOTICE 6410

From: Chief, Bureau of Medicine and Surgery
To: Holders of the Manual of the Medical Department

Subj: CHANGES TO THE MANUAL OF THE MEDICAL DEPARTMENT (MANMED),
CHAPTER 15, ARTICLE 15-65 AND CHAPTER 16, ARTICLE 16-23

Ref: (a) MANMED Chapter 15, article 15-65 and Chapter 16, article 16-23

Encl: (1) Revised pages 15-39 and 15-40; Replacement page 16-29 and revised page 16-30;
and added page 16-30a

1. Purpose. To issue a new form, NAVMED 6410/10 (04-01), Abbreviated Aeromedical Examination to standardize the format and content of the abbreviated aeromedical examination.

2. Action

a. NAVMED 6410/10 is hereby designated the form on which the abbreviated aeromedical examination is recorded.

b. Remove pages 15-39 and 15-40 and replace with revised pages 15-39 and 15-40 in enclosure (1).

c. Remove pages 16-29 and 16-30 and replace with pages 16-29, 16-30, and 16-30a in enclosure (1).

3. Form. NAVMED 6410/10 (04-01), Abbreviated Aeromedical Examination is available at:
<http://navymedicine.med.navy.mil/instructions/external/external.htm>

4. Retain until incorporated into reference (a).


D. C. ARTHUR
Deputy

Available at: <http://navymedicine.med.navy.mil/instructions/external/external.htm>

(b) **Class 2.** Aviation personnel not engaged in actual control of aircraft, including naval flight officers, technical observers, naval flight surgeons, aerospace physiologists, aerospace experimental psychologists, naval aircrew members, and other persons ordered to duty involving flying.

(c) **Class 3.** Members in aviation related duty not in aerial flight including ATCs, unmanned aerial vehicle (UAV) operators, flight deck, and flight line personnel.

(2) **Applicants for any of the above listed aviation duties.**

(3) **All United States uniformed military exchange aviation personnel.** As agreed to by the Memorandum of Understanding between the Services. The Navy will generally accept the physical standards of the military service by which the member has been found qualified.

(4) **Aviation designated foreign nationals.** The North Atlantic Treaty Organization and the Air Standardization Coordinating Committee have agreed the following items remain the responsibility of the parent nation (nation of whose armed forces the individual is a member):

(a) Standards for primary selection.

(b) Permanent medical disqualification.

(c) Determination of temporary flying disabilities exceeding 30 days.

(d) Periodic examinations will be conducted according to host nation procedures. More detailed information is located in the Aeromedical Reference and Waiver Guide.

(5) **Certain nondesignated personnel, including civilians, may also be assigned to participate in duties involving flight.** Such personnel include selected passengers, project specialists, and technical observers. The specific requirements are addressed in the Aeromedical Reference and Waiver Guide and OPNAVINST 3710.7 (Naval Air Training and Operating Procedures Standardization (NATOPS) General Flight and Operating Instructions) and shall be used to evaluate these personnel.

c. **Authorized Examiners.** The aviation medical examination shall be performed by an aviation designated medical officer who is authorized by the Navy Personnel Command (NAVPERSCOM), or by proper authority of the Army or Air Force to conduct such examinations. Aviation designated medical officers include flight surgeons (FS), aviation medical examiners (AME), and aviation medical officers (AMO).

d. **Purpose of Examination.** An aviation medical examination is conducted to determine whether or not an individual is both physically qualified and aeronautically adapted to engage in duties involving flight.

(1) **Physically Qualified (PQ) vs. Not Physically Qualified (NPQ).**

(a) **Physically Qualified (PQ).** Describes aviation personnel who meet the physical and psychiatric standards required by their medical classification to perform assigned aviation duties.

(b) **Not Physically Qualified (NPQ).** Describes aviation personnel who do not meet the physical and psychiatric standards required by their medical classification to perform assigned aviation duties. Aircrew who are NPQ may request and must be issued a waiver of standards to fly.

(2) **Aeronautically Adaptable (AA) vs. Not Aeronautically Adaptable (NAA).**

(a) AA is determined by a naval flight surgeon each time an evaluation of overall qualification for duty involving flight is performed. AA has its greatest utility in the selection of aviation applicants (officer and enlisted).

1. Aviation officer applicants must demonstrate reasonable perceptual, cognitive, and psychomotor skills on the Aviation Selection Test Battery (ASTB).

2. Applicants are generally considered AA on the basis of having the potential to adapt to the rigors of aviation by possessing the temperament, flexibility, and adaptive defense mechanisms to allow for full attention to flight (compartmentalization) and successful completion of training. Before selection, applicants are to be interviewed by the flight surgeon for evidence of early interest in aviation, motivation to fly, and practical appreciation of flight beyond childhood fantasy. Evidence of successful coping skills, good interpersonal relationships, extracurricular activities, demonstrated leadership qualities, stability of academic and work performance, and absence of impulsivity should also be thoroughly elicited. Applicants or students are considered NAA if diagnosed as having a personality disorder or prominent maladaptive personality traits affecting flight safety, mission completion, or crew coordination. When an individual is found to be PQ, but his aeronautical adaptability is regarded as "unfavorable," the SF-88 block 77 shall be recorded as "physically qualified, but not aeronautically adaptable."

(b) Designated aviation personnel are generally considered AA on the basis of demonstrated performance, ability to tolerate the stress and demands of operational training and deployment, and long-term use of highly adaptive defense mechanisms (compartmentalization). Designated aviation personnel are considered NAA if diagnosed as having a personality disorder or prominent maladaptive personality traits affecting flight safety, crew coordination, or mission execution.

1. When evaluation of designated aviation personnel suggests that an individual is no longer AA refer member to, or consult with, the Naval Aerospace Medical Institute (NAVAEROMEDINST).

2. A final determination of NAA for a designated officer may only be made by evaluation or review by NAVAEROMEDINST psychiatry.

(3) **The Field Naval Aviator Evaluation Board, Field Naval Flight Officer Evaluation Board, and Field Flight Performance Board.** The boards above are the normal mechanisms for handling administrative difficulties encountered with aviator performance, motivation, attitude, technical skills, flight safety, and mission execution. The above difficulties are not within the scope of AA. A prerequisite for ordering a board evaluation of an aviator is aeromedical clearance to perform assigned aviation duties (PQ and AA).

e. **The Aeromedical Reference and Waiver Guide.** This guide, prepared by NAVAEROMEDINST, serves as an adjunct to this article and provides elaboration on specific aviation standards, examination techniques and methods, and policies concerning waivers for disqualifying conditions. This guide may be accessed and downloaded at: <http://www.nomi.navy.mil/> or electronic copies are available from the Naval Aerospace Medical Institute, Attn: NAVAEROMEDINST Code 342, 220 Hovey Road, Pensacola, FL 32508.

2. **Required Examinations.** As described in OPNAVINST 3710.7 Chapter 8, all aviation personnel involved in flight duties are required to be evaluated annually within the interval from the first day of the month preceding their birth month until the last day of their birth month. The aviation medical examination is conducted to determine whether or not an individual is both physically qualified and AA to engage in duties involving flight. The extent of the examination is determined by the type of duty to be performed, age, designation status, and disqualifying conditions. Aviation personnel must be certified PQ for continued aviation duties by the issuance of an Aeromedical Clearance Notice (NAVMED 6410/2). Submission to NAVAEROMEDINST Code 342 is only required as listed below in paragraph 3a.

a. **Complete Aeromedical Examination (Long Form).**

(1) A complete physical exam includes medical history recorded on the SF-93 or NAVMED 6120/2, as appropriate, and physical examination recorded on the SF-88. Applicants must also submit SF-507, Continuation of SF-93, and anthropometric data. This examination must be typed or prepared via Micro 88 or the Tri-Service Medical Evaluation Program (Tri-MEP) (see below).

(2) The following aviation personnel are required to receive complete examinations:

(a) Applicants for all aviation programs (officer and enlisted).

(b) All aviation personnel at ages 20, 25, 30, 35, 40, 45, 50, and annually thereafter.

(c) Any personnel requesting new waiver of physical standards.

(d) Annually during the first 3 years of aftercare as outlined in BUMEDINST 5300.8 series.

(e) Personnel returning to flight status after medical grounding for a period greater than 60 days.

(f) Personnel specifically directed by higher authority.

(g) Personnel found qualified after previously being reported to the Bureau of Medicine and Surgery (BUMED) as NPQ or NAA.

(h) Personnel examined by a flight surgeon or board of flight surgeons and referred to BUMED for review.

(i) Personnel found fit for full duty by medical board following a period of limited duty.

b. **Abbreviated Aeromedical Examination.** The results of this examination shall be entered on NAVMED 6410/10.

(1) **The aeromedical examination.** This examination is used for aviation personnel who do not require a complete physical as listed above.

(a) For interval submission of waiver continuance as outlined in the Aeromedical Reference and Waiver Guide.

(b) After completion of initial waiver submission requirements as outlined in BUMEDINST 5300.8 series.

(2) **The abbreviated aeromedical evaluation.** The following are minimum requirements for an abbreviated aeromedical evaluation, but may be expanded as required based on the interval medical history, health risk assessment, and physical findings.

(a) History requiring documentation:

1. Review of ear, nose, and throat status (history of current or recent problems).

2. Cardiovascular status (history of current or recent problems).

3. Summary of medical care, treatment, and medications used in the previous 12 months.

(b) Laboratory and specific testing required:

1. Distant and near visual acuity tested on the Armed Forces Vision Tester (AFVT) with and without corrective lenses.

2. Audiometric exam, if not performed during the preceding 12 months.

3. Pulse and blood pressure (sitting).

4. Height and weight. Body fat, only if not within weight-for-height standards.

(c) Verification of annual dental exam.

(1) Document all outpatient care, including occupational health-related evaluations and examinations, whether received in a military or civilian facility, in the HREC. Active duty members have the responsibility and are under obligation to ensure all care they receive while on active duty is accounted for in the HREC including documentation of care from non-naval sources.

(2) Place legible and reproducible copies of narrative summaries (SF 502s) and short form (SF 539) admissions, and original medical boards (see article 16-25 for additional guidance) in the HREC.

(3) File documentation of treatment received while in the field, at a fleet hospital, on a ship, in a civilian facility, or in an ambulance in the HREC.

(4) An active duty member may choose to include significant medical history, which occurred prior to entrance into active duty, in their HREC. If the information may have future impact on their health, it should be included on the NAVMED 6150/20.

(b) Use of the HREC for Outpatient Medical Care

(1) Routinely make the HREC available to the provider whenever an active duty member seeks medical care. This allows the provider to review the patient's medical history before initiating a treatment plan.

(2) When a patient is to be referred to a provider other than one in the MTF where the record is maintained, the record may be checked out to the patient to be hand-carried. Each MTF must establish a mechanism to ensure records which are checked out, are returned to the responsible MTF in a reasonable period of time. Patients are not to maintain records outside the Federal system.

(c) Use in Inpatient Care

(1) Normally, the HREC is sent to the MTF when a person is admitted for treatment. When the MTF receives an HREC, the MRA at that MTF ensures the record is accessible to the patient's HP. The attending HP ensures the major diagnoses and treatments associated with the inpatient stay have been recorded on the NAVMED 6150/20. The MRA will ensure a copy of the summary of inpatient care, and operation report, if any, are forwarded to the servicing MTF and placed in the HREC before returning to the file.

(2) When a member is released from the MTF and departs without the HREC, the MRA must forward the HREC as follows:

(a) Members Returned to Duty. Send the HREC to the record custodian of the MTF that provides the member's outpatient care. If the MTF is not known, send the HREC to the member's unit.

(b) Members Transferred. The MRA will contact the member's PSD or PSA to determine the new

parent command and forward the HREC to the MTF serving the member's unit. If the member was transferred as a patient to another MTF, the MRA will send the HREC to the PAD at that MTF, specifying whether the patient is inpatient or outpatient.

(c) Members Transferred to Department of Veterans Affairs Medical Centers (VAMCs). Send a copy of the HREC, a copy of all medical boards, and a copy of the member's IREC pertaining to the current illness to the treating center. Send the original HREC to the MTF having administrative cognizance over the care of the patient.

(d) Members Separated from Service. Send the HREC to the military personnel officer handling the separation.

(e) For Patients on Unauthorized Absence (UA) in Excess of 10 Days. Send the HREC to the PSD or personnel unit holding the member's service and pay records.

(f) For Reserve Component Patients Not on Active Duty. Send HREC to the custodian of the service and pay records.

(3) Preparation of HREC Folders. See article 16-13. Dental records are more specifically discussed in chapter 6 of this manual and section V of this chapter.

(4) Sequence of HREC, OREC, and EMF Forms. The four-part record described in this article is not yet available for distribution. As an interim measure, continue to use HREC jackets currently available. The four parts of the HREC should be separated by a locally devised divider, with parts one, two, and three on the left side, and part four on the right side. This action will facilitate easy installation of each part when the new jackets become available.

(a) When assembling HRECs or EMFs arrange forms in chronological sequence by date of most recent action. Use of section dividers in the HREC is permitted. Interfile civilian treatment and nonstandard forms with like forms (e.g., file laboratory results from civilian providers with the SF 545s). The sequence of forms for HRECs is printed below:

(b) The forms are divided into four parts:

(1) Part 1. Record of Preventive Medicine and Occupational Health.

(2) Part 2. Record of Medical Care and Treatment.

(3) Part 3. Physical Qualifications.

(4) Part 4. Record of Ancillary Studies, Inpatient Care, and Miscellaneous Forms.

(c) The sequence of forms for all medical records is printed below. The abbreviations in this chart are listed in section VIII of this chapter.

(d) Left Side of HREC Folder (Top to bottom with most current entry on top within group of forms):

Form Number and Title **HREC/EMF** **OREC**

Left Side - Part 1: Record of Preventive Medicine and Occupational Health

NAVMED 6150/20, Summary of Care Form (<i>Always top form</i>)	X	X
SF 601, Immunization Record	X	X
NAVMED 6000/2, Chronological Record of HIV Testing	X	
DD 771, Eyewear Prescription	X	X
NAVMED 6470/10, Record of Occupational Exposure to Ionizing Radiation	X	
NAVMED 6470/11, Record of Exposure to Ionizing Radiation from Internally Deposited Radionuclides (<i>Interfile behind 6470/10 with corresponding dosimetry issue period</i>)	X	
DD 2215, Reference Audiogram	X	
DD 2216, Hearing Conservation Data	X	
NAVMED 6224/1, TB Contact/Reactor	X	X
NAVMED 6260/5, Asbestos Medical Surveillance Program	X	
DD 2493-1, Asbestos Exposure-Part I, Initial Medical Questionnaire (<i>Attach to correspondence NAVMED 6260/5</i>)	X	
DD 2493-2, Asbestos Exposure-Part 1, Periodic Medical Questionnaire	X	
OPNAV 5100/15, Medical Surveillance Questionnaire	X	
Other 5100 Forms - Occupational Health Series Forms	X	

Right Side - Part 2, Section A: Record of Medical Care and Treatment

OPNAV 5510/415 (Rev. 3-94), Record Identifier for Personnel Reliability Program (PRP) (<i>Always top form, except for deaths</i>)	X	X
<i>File all forms below in chronological order with most current form on top, regardless of form number. Be sure to group episodes of care together.</i>		
SF 558, Medical Record-Emergency Care and Treatment Record of Ambulance Care	X	X
SF 600 HREC - Chronological Record of Medical Care (<i>If for outpatient surgery, dictate or document immediately after surgery and file with corresponding SF 516. Otherwise file as exhibited here.</i>)	X	X
SF 513, Medical Record-Consultation Sheet	X	X
DD 2161, Referral For Civilian Medical Care	X	X

Top Forms in Part 2, Section A: When Patient is Deceased

Attestation Sheet	X	X
DD 2064, Certificate of Death	X	X
SF 503, Autopsy Protocol	X	X
SF 523, Authorization for Autopsy	X	X
SF 523A, Disposition of Body	X	X
OF 523B, Authorization For Tissue Donation	X	X

Right Side - Part 2, Section B: Inpatient Care, Ambulatory Surgeries, etc.

NAVMED 6300/5, Inpatient Admission/Disposition Record (Copy)	X	X
SF 502, Medical Record, Narrative Summary (Copy)	X	X
SF 539, Medical Record-Abbreviated Medical Record (Copy)	X	X
SF 509, Progress Notes	X	X
SF 516, Medical Record-Operation Report (<i>Original for Outpatient Surgery: To be dictated immediately after surgery.</i>)	X	X
SF 600 HREC-Chronological Record of Medical Care (<i>Outpatient Surgery: To be dictated immediately after surgery</i>) (<i>File with corresponding SF 516</i>)	X	X
OF 517, Anesthesia	X	X
OF 522, Request for Administration of Anesthesia (<i>File with corresponding SF 517</i>)	X	X
SF 533 Medical Record-Prenatal and Pregnancy (<i>Only for patients not admitted for delivery</i>)	X	X
Civilian Medical Care Notes	X	X
DD 602, Patient Evacuation Tag (staple to current SF 600)	X	X

(e) Right Side of HREC Folder

Form Number and Title **HREC/EMF** **OREC**

Left Side - Part 3: Physical Qualifications, Administrative Forms

NAVMED 1300/1, Medical, Dental, and Educational Suitability Screening for Service and Family Members	X	X
NAVPERS 1300/16, Report of Suitability For Overseas Assignment Parts I, II, and III	X	X
NAVMED 6100/1, Medical Board Report Cover Sheet	X	
NAVMED 6100/2, Medical Board Statement of Patient	X	
NAVMED 6100/3, Medical Board Certificate Relative to a PEB Hearing		
NAVMED 6100/5, Abbreviated Temporary Limited Duty Medical Board Report	X	
SF 2824-C, Physicians Statement for Employee Disability Retirement	X	
SF 47, Physical Fitness Inquiry For Motor Vehicle Operators	X	
SF 78, Certificate of Medical Examination	X	
SF 88, Report of Medical Examination or NAVMED 6410/10, Abbreviated Aeromedical Examination	X	
SF 93, Report of Medical History (<i>File behind corresponding SF 88 or SF 78</i>)	X	
BUMED Waiver Letters with BUPERS Endorsement	X	
NAVMED 6120/1, Competence for Duty Examination		
NAVMED 6120/2, Officer Physical Examination Special Questionnaire (<i>File in place of SF 93, when used.</i>)	X	
NAVMED 6120/3, Annual Certificate of Physical Condition	X	
NAVMED 6150/2, Special Duty Medical Abstract	X	
NAVMED 6150/4, Abstract of Service and Medical History	X	
NAVJAG 5800/10, Injury Report	X	
NAVJAG Report - Investigation to inquire into the circumstances surrounding the injury of service member	X	
DD 2792, Exceptional Family Member (EFM) Program Application	X	X
DD 2569, Third Party Collection Program (<i>see BUMEDINST 7000.7 series for additional guidance</i>)	X	X
Living Will or Medical Power of Attorney	X	X
OPNAV 5211/9, Record of Disclosure, Privacy Act of 1974	X	X
DD 877, Request for Medical/Dental Records	X	X
DD 2005, Privacy Act Statement	X	X
Deoxyribonucleic Acid (DNA) Analysis Sample Pouch	X	X

Right Side - Part 4, Record of Ancillary Studies, Therapies, etc.

SF 217, Medical Report Epilepsy	X	X
SF 515, Medical Record-Tissue Examination	X	X
SF 519A, Radiographic Report	X	X
SF 519B, Medical Record-Radiologic Consultation Request/Report	X	X
SF 519, Medical Record-Radiographic Reports	X	X
SF 518, Medical Record-Blood or Blood Component Transfusion	X	X
SF 520, Clinical Record-Electrocardiographic Record	X	X
SF 524, Radiation Therapy	X	X
SF 525, Radiation Therapy Summary	X	X
SF 526, Medical Record-Interstitial/Intercavitary Therapy	X	X
SF 527, Group Muscle Strength, Joint ROM, Girth and Length Measurements	X	X
SF 528, Medical Record-Muscle Function By Nerve Distribution: Face, Neck, and Upper Extremity	X	X
SF 529, Medical Record-Muscle Function by Nerve Distribution: Trunk and Lower Extremity	X	X
SF 530, Neurological Examination	X	X
SF 531, Anatomical Figure (<i>May also be filed under a corresponding SF 800, SF 513, etc.</i>)	X	X
SF 541, Clinical Record-Cytology Examination	X	X
SF 545, Laboratory Report Display	X	X
SF 546-557, Laboratory Reports	X	X
SF 559, Medical Record-Allergen Extract Prescription-New and Refill	X	X
SF 560, Medical Record-Electroencephalogram Request and History	X	X
SF 511, Vital Signs Record	X	X
SF 512, Plotting Chart	X	X

(5) Maintenance. See article 16-17.

(6) Verification of HREC

(a) Medical record personnel must verify each HREC annually. Whenever possible, verify the information with the member present. In addition, verify HRECs when a member reports to and detaches from a duty station, and at the time of physical examination.

(b) Review each record, noting any errors or discrepancies, and correct them. Ensure overdue or outstanding medical requirements are reported to the appropriate department for completion (i.e., immunizations). Give special attention to:

(1) Ensure accuracy, completeness, and legibility of all identifying information entered on the HREC folder and

HREC forms, including name, SSN, designator or military occupational specialty, date and place of birth, sex, grade, rate, current duty station, and telephone number.

(2) Verify blood group and Rh factor and, if applicable, allergies, sensitivities, and PRP status.

(3) Ensure all appropriate forms are filed in order in the HREC, including SF 600s, completed NAVMED 6150/20, laboratory and radiology reports, and consultation sheets.

Continued on next page

ABBREVIATED AEROMEDICAL EXAMINATION

FACILITY: _____ Phone: _____ UIC: _____ E-mail POC: _____

Purpose of exam: _____ Date (dd mmm yyyy): _____

A. History Have you had any of the following since your last physical exam?

Blk	Symptom	YES	NO	Blk	Symptom	YES	NO
1	Hospitalized, sick-call visit, injured			26	Abdominal pain, cramps		
2	Medically disqualified for flying			27	Constipation, diarrhea		
3	Used medication, including over the counter			28	Black, white, bloody stool		
4	Surgery (including any eye surgery)			29	Jaundice, hepatitis, yellow skin		
5	Shortness of breath with exercise			30	Significant change appetite, thirst, heat or cold tolerance, weight, handwriting, bruising		
6	High blood pressure			31	Weakness		
7	Rapid or irregular heartbeat			32	Fever, chills, night sweats		
8	Chest pain or pressure			33	Change in size, color, or texture of skin growths; itching, ulceration or scaling		
9	Dizziness or balance problems			34	Swollen lymph nodes		
10	Fainting, loss of consciousness			35	Leg or muscle cramps or pain		
11	Headaches or migraines			36	Joint pain, arthritis, stiffness		
12	Head injury			37	Back or neck pain		
13	Numbness, tingling in limbs			38	Sleeping problems		
14	Air, sea or car sickness			39	Depression, worry, nervousness or anxiety		
15	Decompression sickness, diving injury			40	Irritability, mood swings		
16	Fit or seizure			41	Change in memory, energy or appetite		
17	Hoarseness			42	Suicidal, homicidal thoughts		
18	Allergies, hay fever			43	Psychiatric counseling or evaluation		
19	Hearing loss, ringing in ears			44	Frequent, painful urination or blood in urine, kidney stones		
20	Significant cough, sore throat			45	Change in sex interest/function		
21	Coughed up blood			46	Breast tenderness, swelling, mass, lump, discharge		
22	Difficulty swallowing			47	Genital lesion, discharge, or other symptom		
23	Vision change (difficulty at night, double vision, trouble reading)			48	Pregnancy, miscarriage, menstrual irregularity/pain, contraceptive, abnormal PAP		
24	Asthma, wheezing			49	Have you ever been diagnosed or treated for alcohol abuse or dependence?		
25	Indigestion, heartburn, ulcer			50	Any other symptoms?		

51. Do you wear contact lenses? Yes/No If yes, date of last exam by eye professional: _____

52. Are you on a waiver? Yes / No If yes, for what condition? _____

Date of Last Physical: _____ PATIENT'S SIGNATURE _____

PATIENT IDENTIFICATION

Last Name, First, MI: _____ SSN: _____ - _____ - _____ Rank or Rate: _____

Designator/NEC/MOS: _____ Service: _____ Patient's Command: _____ Phone: _____

UIC/ RUC: _____ Aircraft: _____ Flight Hours: Total _____ Last 6 months _____

AGE: _____ Date of Birth: _____ Gender: M / F

B. Physical Exam

53. Sitting Blood Pressure____/____ 54. Pulse____ 55. Height____ 56. Weight____

57. %Body Fat (If exceeds Height vs. Weight)_____

58. DISTANT VISION (AFVT/20 ft eye lane/Titmus II)		59. REFRACTION		60. NEAR VISION	
RIGHT 20/	CORR TO 20/	BY	S C X OD	20/	CORR TO 20/ OD
LEFT 20/	CORR TO 20/	BY	S C X OS	20/	CORR TO 20/ OS
BOTH 20/	CORR TO 20/	NEAR ADD: OU		20/	CORR TO 20/ OU
61. HETEROPHORIA (Specify distance) ES EX RH LH or: NOHOSH				62. FIELD OF VISION (and Amsler Grid for USAF)	
63. COLOR VISION (Test used and result) FALANT/PIP/Ishihara		64. DEPTH PERCEPTION (Test used and score) AFVT/ Verhoeff/TitmusII/Randot, UNCORRECTED/CORRECTED		65. INTRAOCULAR TENSION OD OS	
66. Audiogram	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz 6000 Hz
Right Ear					
Left Ear					

67. Other Findings (address waived condition, if any): _____

Breasts/Pelvic/PAP: _____ Mammography (if req): _____

☐ Dental Exam Verified (Current within last 12 months) Date: _____ Qualified? _____☐ Medical Readiness Items Verification (Immunizations, spectacles, etc) _____☐ Annual HIV Verification: Date: _____**C. Flight Surgeon Comments**

Item #	Comment	CD/ NCD	ICD code	Waiver Status

D. Impression & Disposition☐ PQ/AA, Class I / II / III, SG 1 / 2 / 3: _____ (or Qualified USAF FLYING CLASS II / IIA / IIB / IIC)☐ NPQ/AA (or Not Qualified)☐ Waiver: Recommended / Pending / Granted (Date) _____ Rec. Continue? _____ CO Concurs? _____☐ Special Duty Medical Abstract (NAVMED 6150/2) Entry Made by _____☐ Clearance Notice Given (NAVMED 6410/2 or AF Form 1042)☐ Special Submission requirements or waiver restrictions: _____

FLIGHT SURGEON'S SIGNATURE _____ Stamp: _____ Date: _____

PATIENT IDENTIFICATION (IF NOT SHOWN ON OTHER SIDE)

Last Name: _____ First _____ M. I.: _____ SSN: _____ - _____ - _____